PRINTED: 6/12/2023 FORM APPROVED 2567-L

| PLAN OF CORRECTION (POC) IDENT | | (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395493 STREET ADDRESS (| | (X2) MULTIPLE CONSTRUCTION: A. BLDG:00_ B. WING: CITY, STATE, ZIP CODE: | | (X3) DATE SURVEY COMPLETED: 01/12/2023 | |
|------------------------------------|---|--|--|---|---|--|--------------------------|
| JULIA RIBAUDO EXTENDED CARE CENTER | | | 1404 GOLF PARK DRIVE PO BOX 97 LAKE ARIEL, PA 18436 | | | | |
| STATE LICENSE NUMBER: 101802 | | | EME MEE, IN 19400 | | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DI MUST BE PRECEEDED BY FULL REGULATORY (IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE | | (X5) COMPLETE DATE |
| F 0000 | INITIAL COMMENT | | | F 0000 | | | |
| | | | | | | | |
| | Based on a Revisit Survey completed on January 12, 2023, it was determined that Julia Ribaudo Extended Care Center corrected the federal deficiencies cited during the survey of December 9, 2022, under the requirements of 42 CFR Part 483, Subpart B Requirements for long Term Care Facilities. | | | | | | |

| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: | (X6) DATE: |
|---|--------|------------|
| | | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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Certified End Page

JULIA RIBAUDO EXTENDED CARE CENTER

STATE LICENSE NUMBER: 101802 SURVEY EXIT DATE: 01/12/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY